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I.

THE SHAKING PALSY. ITS GENERAL HISTORY, AND MODE OF TREATMENT.

DR. ELLIOTSON, in his lectures at St. Thomas's Hospital, on the cases there admitted, after briefly alluding to them all, says:—

Of these I purpose selecting one for consideration this morning—the case of *shaking palsy*, called in medical language *paralysis agitans*, which I need not say is exactly the Latin for shaking palsy.

The best account of this disease with which I am acquainted, has been given by a general practitioner, now deceased—Mr. Parkinson, a highly respectable man, who wrote a short essay on the subject. We shall call the patient F. E., æt. 38, in Williams's ward, No. 20. Now the disease, according to Mr. Parkinson's definition, is involuntary shaking or tremulous motion of more or less of those parts of the body which are naturally subject to the will; we shall see that the shaking is, nevertheless, in a slight degree under the influence of the will. With this shaking—this tremulous motion of more or less of the body, there is diminished muscular power in the parts, and the tremulous motion occurs in them when not in action—while the person is not attempting to move them; and they shake even if you support

them. There is likewise a propensity to bend the head and trunk forwards, and a disposition to change the pace of walking to that of running. Mr. Parkinson also says that the senses and the intellect are unimpaired. His words are—"Involuntary tremulous motion, with lessened muscular power in parts not in action, and even when supported; with a propensity to bend the trunk forwards, and pass from a walking to a running pace; the senses and the intellect being *uninjured*."

This disease always commences in some one particular part—for instance, the head; but I think it most frequently begins in one of the hands or arms. It will continue confined to the part first affected sometimes for months, and even years, or perhaps always, without any other participating in the disease; frequently, however, though by no means always, it increases both in degree and extent—other parts become affected, and those that were primarily diseased shake more and more, till at last the whole body is in a constant shake. I stated, that although this shaking was an involuntary motion, yet that it was slightly under the influence of the will; for it may be checked for some moments by a powerful effort. This is often the case in St. Vitus's dance;—a powerful effort will, for the moment, occasionally

stop the movements of that affection in a particular part. As the disease increases in extent and degree, the person becomes less and less upright; he bends forward; walks on his toes; his steps are shorter and quicker; till at last, in locomotion, he is almost always upon the trot, and looks as if he were in a most violent hurry.

This circumstance of the patient inclining to a running pace is simply owing, I presume, to the disease being slightly under the will. Of course, the greater the effort of the will, the greater will be the control over the disease; and as it is a stronger effort to run than to walk, the patient finds that he conquers the tremulous motion better by almost running than by walking. It is a curious fact, that if the disease remit in one part, it generally increases in another. If, for example, the leg and arm are both affected, as the latter becomes better the former grows worse. So remarkable is this, that if you take hold of the arm and prevent it from shaking, the leg begins to shake doubly; or if both arms are affected, and you hold one, the other shakes more violently. This too is noticed in St. Vitus's dance. A change of posture, when the patient is shaking to a great degree, will partially arrest it. This disease agrees with chorea in another circumstance,—the motion ceases during sleep. But when the disease is advanced, and the shaking becomes intense, the same phenomena again take place as in St. Vitus's dance,—there is a continuance of the shaking both during sleep and the waking state.

In the usual progress of the disease, the voice is affected: it is usually not, however, till the ex-

trémities and the head have been affected for some time and to some extent, that the voice experiences a change. But at last the muscles of articulation suffer, and of course the muscles of deglutition and mastication, so that speaking, chewing, and swallowing, are all exceedingly difficult. The urine and feces at last pass involuntarily, and emaciation takes place, and there is a general decay of the whole system.

This is the progress of the affection when it continues to increase; but very frequently no augmentation takes place. You will see a person with a shaking palsy of the head, go on for years without any increase of it, and without the disease extending either to the extrémities, the trunk, or the muscles of deglutition, mastication or articulation. You will sometimes see a person affected in one hand, without any extension of the disease. Mr. Parkinson gives a curious case in which a regular paralysis-hemiplegia took place: and the parts which became paralysed ceased to shake; and when the hemiplegia ceased, the shaking returned.

Now this disease is to be carefully distinguished from the tremulous agitations of drunkards. You are aware that those persons who are in the habit of drinking have shaky hands; and this sort of tremor is induced not only by spirituous and vinous liquors, but also by tobacco, strong tea, coffee, and other narcotics. If these are taken in large quantities for any length of time, habitual tremulous motions are produced; and it is only on discontinuing the use of tea, tobacco, strong coffee, &c., that the tremor will cease—which it sometimes will entirely, if these be

given up, though it seldom does if the cause has been wine or spirituous liquors. This kind of tremor generally affects both hands, and commences or increases on an effort being made to take anything into, or do anything with the hand. If a person so affected take up a pen, he can scarcely write; or if he attempt to raise a glass of wine to his lips, he nearly spills it. The degree of tremor generally corresponds to the degree of effort. But in paralysis agitans the circumstances are just the reverse;—a strong effort will, for a few moments, suspend the disease, and in this way you may distinguish between the two affections. The tremor likewise affects at least both hands simultaneously, and does not extend progressively from one part of the body to another. The distinction between the tremor of drunkards and other shaking motions, have been mentioned by Galen, Sauvages, and others; but the disease called shaking palsy was not well characterized till Mr. Parkinson wrote his Essay, in 1817.

Such is the usual course of the disease, but in the present case there is some little variety. The patient is 38 years of age; he has had the disease eighteen months, has been a schoolmaster, and I believe has, at different periods of his life, indulged in drinking. It is his right upper extremity which is now affected; but although the right lower extremity does not shake, it suddenly contracts—is retracted when he attempts to walk. The disease, in this instance, began in the head and the tongue. It is by no means uncommon for it to commence in the head in general, and extend to the other parts. His head, however,

does not now shake, except occasionally, and there is this curious fact in the case—that the tongue was one of the first parts affected, though that organ seldom becomes the seat of the disease until it has extended considerably over the body. The head may be observed to shake a little now, but the tremor has declined there very materially, and has gone to the arm. The affection of the tongue is very singular. When he attempts to speak, his tongue begins to vibrate like the tongue of a serpent; he makes an indistinct noise, a kind of murmuring, and then suddenly brings out his words with great rapidity; and having once commenced, he cannot stop himself, but repeats the last words of the sentence three or four times over. This is perfectly analogous, I presume, to the circumstance of a patient's running instead of walking, when the lower extremities are affected;—they cannot influence the muscles but by a violent effort, and then indeed they cannot easily stop themselves. I have written in the case-book—"Before he can speak he makes a confused noise, a kind of murmuring—then he speaks rapidly, and slurs his words together; he repeats not the whole sentence, but the last few words several times; and these efforts make the tongue and the right arm shake violently. Such is the effort of speaking, that he cannot avoid shaking the right upper extremity. He sleeps well, his appetite is good, and in other respects, except the shaking, he appears to be in tolerable health. Sometimes, after a good night's rest, on awaking he is perfectly still, but he is not awake long before the tremulous motion commences.

The only other symptoms present are great costiveness, so that he has only about two stools a week, and when he is at all anxious, he has pain of the head;—the latter symptom is not constant, but any mental anxiety produces it to a considerable degree.

As to his history, he has not always been addicted to drinking, but at several periods of his life he has drunk very hard. He appears also to have had much mental suffering.

With regard to the nature of this disease. In many cases, there is no doubt that it depends upon some organic affection. Mr. Parkinson gives a dissection where the lingual and brachial nerves had become tendinous, and the medulla oblongata was very compact and very large. When you see a person gets worse, and remedies seem to make no impression upon the disease, and he grows emaciated, it is impossible not to suppose that more or less organic change has taken place in the nervous system; especially those parts which are most connected with the muscles of volition—the medulla oblongata, the medulla spinalis, and the nerves of voluntary motion.

In many cases, however, the disease is not of this nature; for it ceases on the employment of active treatment, and is of temporary duration. In young persons, especially in females, I have seen it several times begin without any obvious cause, and cease entirely; and in nearly all these cases there has been a high degree of costiveness. In old persons, none of these circumstances are observed—only in the young, in whom, I presume, it seldom depends upon organic disease, but

upon congestion, or some inflammatory state; some state, at least, not organic—not structural.

The patient appears to have had a fall two years ago, by which his head was slightly contused. Now, although there was only a slight contusion, it is impossible to say what mischief was done. The slightest injury to the head will sometimes be productive of the most serious consequences at a subsequent period of time. It is quite surprising to observe the length of time at which, subsequent to the receipt of injuries in various parts of the body, and perhaps especially of the head, organic disease will take place. We should consider that this man has been accustomed to drink, and had suffered much mentally; both which circumstances might have been predisposing causes;—and it also appears that 18 months ago he was mercurialized; two years ago he met with the fall;—all these circumstances may therefore have coöperated. From the circumstance of the disease having followed a fall, I confess I am less sanguine with regard to the prognosis than if that had not taken place. It is very probable that chronic inflammation, or the consequences of inflammation—thickening and change of structure of various kinds—may have commenced.

With respect to the *treatment* of the disease. If we can ascertain that there is any fulness in any part of the nervous system, or any inflammation, the treatment should consist in bleeding locally or generally, or both—in purging and mercurializing—in employing setons, issues, moxas, &c. If there be nothing of this kind—if there be no reason to

suspect fulness, or inflammation—if the patient be not of a plethoric habit, and no local pain nor tenderness be felt—then such treatment is, for the most part, inefficacious. I would, therefore, not have recourse to treatment of this description unless there was a plethoric habit, or evident marks of inflammation, or fulness in some part of the nervous system; or unless there had been some injury, the effect of which we should necessarily suppose to be chronic inflammation. Almost all nervous diseases, whether convulsive, spasmodic, or paralytic, may arise from, or be dependent upon, inflammation or congestion, or upon some peculiar state which we do not understand. I know of no mode of distinguishing these varieties of the disease, except what I have already pointed out. When we cannot ascertain that the disease has arisen from mechanical injury, and there is no local pain or tenderness, or fulness of the system, stimulants, tonics, electricity, the shower bath, and various remedies—the operation of which we do not understand—iron, sulphate of zinc, copper, nitrate of silver, and in short all those minerals which belong to a class of remedies, each of which do good, and has a peculiar operation on the nervous system, distinct from that of narcotics, perfectly inexplicable—often prove efficacious in this and all other convulsive, spasmodic, and paralytic diseases. The present patient appears to have been both in the St. George's and Middlesex Hospitals; and from what I have learned of his previous treatment, I have directed the plan which he is now undergoing. I find that, very ra-

tionally and properly, in St. George's Hospital, he had been cupped and bled frequently; that counterirritation had been produced by means of blisters, so that a copious discharge was kept up from the back of the head and neck; and that he had been kept on low diet. The plan which it was reasonable to pursue in such a case, where the patient was in the prime of life, the habit full, and a blow had occurred—this general and local antiphlogistic treatment, which is often successful in nervous diseases, had been pursued in vain. I find likewise that in the Middlesex Hospital, it having been ascertained that these means had proved unsuccessful after full trial, stimulants and tonics were administered to him—porter, good nourishment, camphor, and various stimulant remedies; and although these did not cure him, this mode of treatment was as fully justified after the former, as the former was in the first instance. As he was of full habit, the treatment began with antiphlogistic means; and in failure of them, recourse was had to stimulants. Among the various remedies which do good in the diversified diseases of the nervous system, I believe the most valuable, and at the same the most safe, is *iron*. Upon the whole, I have succeeded better with that than with any others, though in epilepsy it rarely does good. I have been much more successful in the treatment of St. Vitus's dance with iron than with any other internal mineral remedies, although their efficacy cannot be doubted. It is far less nauseating and griping than copper; it does not produce the same inconveniences that arise from arsenic,

nor the sickness which results from sulphate of zinc ; nor does it produce that blackness of skin which is the effect of nitrate of silver, and the chance of which makes me always unwilling to employ it. Knowing, therefore, the treatment which the patient had previously undergone, and hearing from him that he was always better the more he was strengthened, I ordered him two drachms of subcarbonate of iron three times a day, and a pint of porter at dinner. He is a superior sort of a man, and very desirous of recovery, and I do not imagine that he would deceive me by telling me he was better for invigorating measures, if he were not. It is certainly necessary to remedy the state of costiveness under which he labors, but I do not suppose that purging would cure his disease, though I am perfectly aware that where there is congestion or inflammation, or an approach to it, purging frequently does cure patients with various nervous disorders. But, on the whole, I really have been disappointed in the use of purgatives, though I acknowledge their value in various diseases of the nervous system. If there be no reason, in this case, to suppose congestion or inflammation, still the bowels are costive, and that is a state to be remedied, for constipation must make the disease worse. Under these circumstances, I have ordered him to take half a minim of croton oil daily, in order to keep his bowels freely open ; for though purging him may do him no good, and, by debilitating, would probably make him worse, yet constipation will be sure to do him harm. There is another reason also why cos-

tiveness should be obviated ;—the iron would be liable to accumulate in the alimentary canal. The carbonate is a bulky remedy, and if any deficiency of the alvine discharge occurs, it will of course accumulate. I usually administer it in treacle, because treacle has a tendency to keep the bowels open.

It is not very often that I have a case of this description in the hospital, but I have been successful where the disease has occurred in young persons, by bleeding, cupping, and purging. I once, however, had a case in this hospital, where, after all this treatment was gone through, just as it has been pursued in the case of F. E., I gave the man sulphate of zinc, which he took in large quantities in vain ; and then I gave him iron, when his symptoms presently gave way, and he was permanently cured. I have had several cases under my care of this affection in elderly persons, where I administered iron in vain, and this, I have no doubt, because organic disease existed. I cannot say whether there is organic disease in the case of this individual or not ; but I am quite sure that antiphlogistic means now will be of no use : they have been already well employed, in addition to which there is at present no sign of inflammation. Whether after a time organic disease may clearly develop itself or not, it is impossible for me to say.

## II.

ON THE ACRODYNIA, OR EPIDEMIC WHICH HAS REIGNED IN PARIS AND ITS ENVIRONS, SINCE THE YEAR 1828. BY M. CHARDON, JUN.

From the Medico-Chirurg. Review.

THIS epidemic, although it has not consigned so many of our continental neighbors to their long homes as the political epidemic of July, 1830, has yet been productive of no trifling misery, both in Paris and its neighborhood, for two years past, nor are its ravages yet at an end. It is one of those mysterious visitations which evidently originate in exhalations from the earth, though the nature of these effluvia is entirely unknown.

This malady, generally unaccompanied by pyrexia, affects in a peculiar manner the nervous system—especially by a painful sense of formication in the hands and feet—as also a numbness that invades first the members, and spreads afterwards to the trunk itself. The cellular tissue of the cutaneous structures becomes affected; the hands and feet swell; and œdema invades the face and several other parts of the body. The formication and painful numbness of the extremities are so characteristic of the complaint, that, both in Paris and in the country, it is known by the name "*mal des pieds et des mains.*" On this account our author has given it a more classical title—ACRODYNIA—or pains in the hands and feet. It appears that this mysterious epidemic has affected immense numbers in France, and was not very dissimilar to the Dandy fever of the West Indies, which spread over so many islands of late years.

The complaint usually commenced by a sense of the most painful formication in the fingers and ankles, spreading thence to the arms, thighs, and even the trunk. The sensation was compared to a thousand punctures made with the point of a lancet. An intense heat aggravates the sufferings of the patients, and obliges them to keep their feet out of bed. The perversions of sensibility are extremely various and distressing. Many cannot put their feet to the ground without feeling as if they were treading on the points of pins or needles, &c. The muscular powers of the members are also much affected. Many people could scarcely move their lower extremities without the greatest suffering. The fingers were usually in a state of permanent contraction. *Subsultus tendinum* was no unusual phenomenon, together with cramps, spasms, and other torments.

An affection of the mucous membranes was not an accidental accompaniment, but a characteristic feature of the epidemic. Sometimes it amounted to acute gastro-enteritis, was attended with smart fever, and was only of short duration. The functions of the digestive organs were always much disordered. Cholera morbus was occasionally developed in the course of the disease. Inflammation of the conjunctiva was no unusual concomitant, as was also pulmonary catarrh. In short, all the mucous membranes were more or less affected. Dysury and gonorrhœa were not unusual. The skin was affected in a great variety of ways—but an intolerable sense of stinging, succeeded by erythema, were the usual pre-



cursors of the different complaints. Eruptions of all kinds took place—some resembling urticaria, some like smallpox, and others like chickenpox, pemphigus, &c. In fact, there was no end to the cutaneous affections.

The next train of phenomena consisted in the establishment of dropsical effusions in various parts of the body—œdematous, ascitic, and anasarcaous. Abundant perspirations were often seen to occur in a periodical manner. Sleep could not be obtained, on account of the irritation and pains. The senses were often suddenly and strongly affected. Some lost sight, or hearing, or smelling, almost instantaneously. The duration of the disease was as various as its symptoms. Some patients recovered in a few weeks—others required several months for convalescence. There are many who suffer to this day from attacks in the early part of 1828. The prognosis was favorable when the disorder of the internal organs was slight—unfavorable in opposite conditions. Immense numbers lost their lives by the epidemic, or by the consequences which it left behind—especially dropsy.

In several of the hospitals, the most rigorous dissections were made, but no light was thrown upon the disease by the scalpel of the anatomist. M. Louis, at La Charité, examined very carefully some who fell victims to the most exquisite forms of the epidemic, and could not find anything to account for the disease itself or the death of the patients. In some of the public establishments, however, it is stated that portions of the spinal marrow were found softened and partially disorganized.

*Treatment.*—As may be imagined, the means of curing or alleviating this strange disease were numerous employed. Venesection was sometimes found useful, especially in the beginning, and where symptoms of congestion about the head existed. Under all other circumstances, the relief was only momentary—or none at all. Leeches to the abdomen produced no mitigation of the colic and diarrhœa, though the doctrines of Broussais would assure us of their efficacy. They were much more useful when applied along the spinal column. So were cupping-glasses with scarification. Warm bathing was beneficial—especially vapor and sulphur baths. The distressing sense of formication was occasionally soothed by saturnine lotions, and even by unctuous applications. Moxas applied to the spine were advantageous in a few instances. But the most remarkable benefit was obtained by blisters, especially when they were made to produce a purulent discharge. They were applied to the most painful parts, or to the track of the spine. They were dressed with the antimonial ointment.

Emetics were administered internally at the beginning, with some advantage. M. Cayol employed purgatives combined with opiates, and it was said, with success. It is needless to detail the catalogue of internal medicines which were administered by different practitioners and at different hospitals. Few, if any of them, did good, as the disease generally ran its course in spite of physic.

*Causes.*—Although this epidemic spared no class, yet it chiefly



affected the poor. Among the troops, the officers suffered little, compared with the men. Males were much more numerous affected than females. The bread, the wine, and other species of provisions, were alternately accused as causes of the epidemic, but without the least foundation. The state of the air was suspected, with more justice; but no appreciable vitiation of the atmosphere was present except a peculiar bad smell, which infested several places where the epidemic prevailed, both in the neighborhood of Paris and in some other places. But the true nature of the cause of this epidemic, as well as that of many others, remains impenetrable obscurity.

In respect to the principal or primary seat of the disease itself, there has been much diversity of opinion. It was, at first, considered as rheumatismal—again, the spinal marrow was looked on as the principal seat of the malady, as evinced by the formication, the paralysis, and various other lesions of the nervous system. This opinion was strengthened by the fact, or at least the belief, that those remedies which were applied to the spine had most influence on the disease—such as leeches, blisters, frictions, &c. Strychnine considerably aggravated the symptoms. But the fact is, that the skin, the cellular tissues, the mucous membranes, the lymphatics, and various other structures of the body, were affected in this epidemic, and therefore it is not possible to confine its seat to any one organ or part.

Many facts are brought forward to show that the disease was communicable, or, in other words,

contagious. This we have no reason to doubt, since there are few epidemics that do not evince this character at some period of their course. The French physicians, however, have not subjected themselves to criticism, as many English have done under similar circumstances, by broaching the doctrine that the epidemic was imported from abroad!

It is hardly necessary to say that almost every kind of treatment was equally unsatisfactory—we might say, with no great violence to truth—INEFFECTUAL!

### III.

#### WHETHER ANIMAL DECOMPOSITION IS PRODUCTIVE OF FEVER?

*To the Editor of the Boston Med.  
and Surg. Journal.*

SIR,—An absence of some weeks prevented my seeing your correspondent's last remarks until within the last two or three days. I shall trouble him with little more than an explanation of what he regards as an unintentional mistake in quoting his opinions. I wish him to be informed that I did not undertake to quote any expressed words or declarations of his; but that I assumed it as conceded by him, in common with the profession generally, that yellow fever is referable, in a majority of instances, to decomposing vegetable matter. Presuming that such an assumption would be tenable in reference to him, I ventured to apply the fact to animal decomposition, and to say that as the vegetable kind does produce this disease, though rarely, even under the favorable circumstances of heat and moisture,—so, in like manner, animal de-

composition, under like circumstances, would sometimes, though rarely, produce it; and that the rare appearance of it, from the latter cause, is not more remarkable than from the former.

Now your correspondent expresses a doubt as to the febrific powers of vegetable matter, and thus deprives me of the position I had taken for the purpose of making any such inferences in respect to animal decomposition; but in this it is to be observed that he acts for himself chiefly—for the profession generally, in this country, have conceded that yellow fever is, in a majority of cases, attributable to vegetable decomposition, where the heat ranges from 79 or 80 to 100 deg., accompanied with moisture and abundance of material. With the profession generally, then, the comparison and inference are proper.

Your correspondent prefers discussing the subject of animal decomposition *per se*, saying that "one point is enough at a time." But to this I object. The evidence adduced in my Essay to prove the febrific power of animal decomposition is of two kinds, analogical and positive. The first relates to the similarity of animal and vegetable matter, both as respects their ultimate constituent principles, and the chemical laws that govern their decomposition; and if any material is evolved during the process by one kind and not by the other—by vegetable and not by animal matter—such material has not been found to produce fever by itself in the laboratory, however concentrated, in those who are exposed to its influence. I have shown,

too, that, according to the experiments of Gaspard and Magendie, a solution of putrid vegetable or animal matter, introduced into the veins, will produce the same symptoms, constituting a yellow or putrid fever. From all which, it is fair to conclude that the two substances, so similar if not identical in composition, chemical changes, and results, and in their influence when introduced into the veins, must produce similar effects upon those who are exposed to their putrid emanations. Now all this support from analogy is too much in amount to surrender, because an individual or two, however learned and respected, feel some doubts respecting the febrific qualities of vegetable decomposition; for although with them it may not, in consequence of such doubts, be entitled to any consideration, it must have great weight with a large majority of American physicians.

The second, or positive kind of evidence, consists of seventeen instances wherein putrid or yellow fever has ensued immediately after exposure to putrid animal matter—in most of which there was no other assignable cause. Now your correspondent, after having set aside the evidence from analogy, so far at least as his own opinion and that of a few others is concerned, proceeds to attack the positive evidence, in one case, by mentioning a subsequent recantation of a witness, the late venerable Dr. Rand; and suggests that here, as in a suit at law, the retraction of a single material witness in the case, might lead one to suspect that the others would not bear a strict scrutiny. But I respectfully beg leave to

object to his bringing this case to bear upon the others. If there were one suit, and seventeen witnesses to support it, the retraction of the most material witness would be entitled to great weight, in that single case; but where there are seventeen unconnected cases to be tried, most of them having many witnesses, I doubt whether the ends of justice would be attained in all, by the admission of counter-testimony of a single witness relating to one of the cases only.

That some of the instances I have adduced would lose much of their force by close investigation, is highly probable; but, on the other hand, new ones of a less questionable character have been discovered to take their place. I only wish that what has been said may tend to draw

the attention of the profession, so as to settle the question by further evidence; and particularly that it may engage the further attention and consideration of your correspondent—since there is no gentleman, in Europe or America, whose solution of any difficult medical question I should generally be inclined to regard with so much confidence and respect.

Concerning city interments, conducted as they are, I am not inclined to give an opinion, as to their harmless influence, different from that of your correspondent; but I do believe that putrid fish or hides, in stores or ships at the wharf, during the greatest heats of summer, may become prolific causes of fever.

Yours, &c.

USHER PARSONS.

*Providence, Dec. 28, 1830.*

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BOSTON, TUESDAY, JANUARY 11, 1831.

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AMERICAN TRANSLATION OF BECLARD'S  
GENERAL ANATOMY.

BECLARD'S Elements of General Anatomy, or description of the different kinds of organs which compose the human body, is a work which has acquired in Europe the high reputation which it richly merits. The importance of this species of knowledge to the Physician is such, that it is universally regarded indispensable in a thorough professional education; and we know of no source of this knowledge so eligible as the work of M. Beclard.

It has been translated into Eng-

lish by the celebrated Dr. Knox, of Edinburgh; and another version of it, in the same tongue, has recently issued from the press of Carey & Lea, of Philadelphia. This last is by an American gentleman, Dr. Joseph Tongue, member of the Philadelphia Medical Society: and lest we should be accused of a kind of partiality so prevalent among the inhabitants of another country, when we give the decided superiority to the American translation, we will present a few of the specimens presented in this work, in justification of this opinion.

## Dr. Knox's Translation.

## Text.

## Dr. Tognoli's Translation.

P. 210.—Par. 450.

In the neighborhood of the heart, the venous trunks which are destitute of valves alternately experience, during the contraction of the auricles, a reflux of blood which makes them swell out during the relaxation of the auricles.

Page 371.

Au voisinage du cœur, les troncs veineux qui sont dépourvus de valvules éprouvent alternativement, pendant la contraction des oreillettes, un reflux du sang qui les fait gonfler, et un flux rapide qui les fait affaïssir pendant le relâchement des oreillettes.

Page 301.

In the neighborhood of the heart, the venous trunks, which are deprived of valves, experience alternately, during the contraction of the auricles, a reflux of blood which makes them swell out, and during the relaxation of the auricles there occurs a rapid flux, which causes the veins to be depressed.

Turning back to page 43, and in paragraph 66, we read the following phrase:—

Page 43.

Thus, in the nervous system, the spinal marrow, which is first developed, is more symmetrical than the brain; the ribs are more symmetrical than the vertebral shaft or the sternum.

Page 74.

Ainsi dans le système nerveux, la moëlle, qui se développe la première, est plus symétrique que le cerveau; les côtes sont moins symétriques que le rachis, et plus que le sternum.

P. 75, par. 67.

Thus, in the nervous system, the medulla, which is first developed, is more symmetrical than the brain; the ribs are less symmetrical than the spinal column, and more so than the sternum.

Page 315.

It was no doubt from having in his view muscles of this kind, that Gassendi compared the muscle to a MITTEN.

Page 557.

Ce sont sans doute des muscles de ce genre qui avaient fait comparer Gassendi le muscle à un moufle.

Page 447.

It was muscles of this description, without doubt, that induced Gassendi to compare the muscles generally to a tackle of pulleys.

What connexion, what relation, can there ever be between a muscle, or muscles generally, and a pair of mittens? Unfortunately, the translator was not aware that *un moufle* had more meanings than one.

Page 249.

The wings of the trachea alone present a more or less extended ossification in the adult. In cases of phthisis, however, the cartilaginous wings of the bronchi have been found ossified.

Page 441.

Les cerceaux de la trachée seul présente dans l'adulte une ossification plus ou moins étendue. Cependant on a trouvé dans le cas de phthisie, les arceaux cartilagineux des bronches ossifiés.

Page 355.

The rings of the trachea alone present a more or less extended ossification in the adult. In cases of phthisis, however, the cartilaginous arches of the bronchiæ have been found ossified.

In the case of goitre, and even without this

Dans les cas de goitre, et même sans cette

In the case of goitre, and even without this

**Dr. Knox's Translation.**

**Text.**

**Dr. Tognò's Translation.**

cause of pressure, the cartilaginous *wings* of the trachea, &c.

cause 'de compression, on trouve quelquefois les *arceaux* cartilagineux de la trachée, &c.

cause of pressure, the cartilaginous *rings* of the trachea, &c.

So that in this place we have *wings* both to the trachea and bronchiæ.

Page 305.

At this age (childhood) also the muscular flesh is less red, and *more gelatinous and fibrinous* than in the adult age.

Page 538.

A cet age aussi, la chair musculaire, moins rouge, est *plus gélatineuse et moins fibrineuse* que dans l'age adulte.

Page 433.

At this age, too, the muscular flesh is not only less red, *but is more gelatinous and less fibrinous* than in adult age.

Page 236.

The thickness of the periosteum is variable, and proportionate *to that of the bones.*

Page 417.

L'épaisseur du perioste est variable, et proportionnée *à la vascularité des os.*

Page 337.

The thickness of the periosteum is variable, and proportionate *to the vascularity of the bones.*

Page 249.

Long-continued maceration divides these cartilages into *fibres or filaments more or less short.*

Page 440.

La macération longtemps continuée divise ces cartilages en *fibrilles ou filaments mous et courts.*

Page 354.

Long-continued maceration divides these muscles into *soft and short fibres or filaments.*

The inaccuracies in the translation of Dr. Knox are altogether surprising and unaccountable, and we congratulate the profession on being so speedily furnished with a more correct version of a work too well known and appreciated to require from us any commendation.

**IMPERFECT VACCINATION.**

It appears by a letter from a British Military Surgeon in the East Indies, to Dr. Gregory, that the smallpox is prevailing extensively there, and seems not to be prevented by the usual prophylactic. This is probably owing to some imperfection in the virus; as Mr. Chapman, the surgeon referred to, adds to his gloomy history of their situation—"I do not like the appearance of the vaccine vesicle I have seen here, and it does not pass through that course which it ought."

We are glad to find our Medical

Association so agreed on the expediency of giving certificates to those who have undergone the cowpock, stating its perfection or imperfection; and it is desirable that from and after the 1st day of January, 1831, no physician in the city will neglect to perform this important part of his duty.

**METHOD OF CLEANSING BONES.**

A **MODE** of cleansing bones has recently been tried, the success of which merits the notice of all who are engaged in the preparation of skeletons, or bones for anatomical

or other museums. It consists in the immersion of the bone in a combination of chloride of lime and subcarbonate of potass, in the proportion of one pound of the former to one ounce of the latter, dissolved in two gallons of water.—A skull immersed in this liquid twenty-four hours will become, it is said, perfectly clean and white.

#### LIGATURE OF THE COMMON ILIAC.

**THE** operation of tying the common iliac—an operation first proposed and practised by our distinguished and gifted countryman, Dr. Mott—has been repeated by Dr. Crampton, a Surgeon in the British army.—The patient survived the operation but ten days. The cause of this termination may best be appreciated from the following history of the post obit examination:—

**Dissection.**—The intestines being removed, the peritoneum raised, and the great abdominal vessels laid bare, the common iliac artery, at about three-fourths of an inch from the aorta, was lost in an oblong tumor, about three-fourths of an inch in diameter, and one and a half in length; the tumor terminated upon, but did not communicate with, the aneurismal sac. On cutting into the tumor, about half an ounce of greenish pus flowed from the wound, and discovered the artery, which appeared somewhat contracted at one part, and its coats deeply indented, but not cut through, marking the place where the ligature had been applied. On blowing into the iliac artery from above, bubbles of air escaped freely from the external wound from whence the blood had issued; water injected by a syringe escaped by the same passage; clearly establishing

the important fact, that the ligature, which was of catgut, had been dissolved by the heat and moisture of the wound, and thrown off, before the obstruction of the artery, or the coagulation of blood in the aneurismal sac, had been completed. It further appeared that the dissolution of the ligature had caused a small abscess to form in the place which it occupied. On slitting up the artery, the internal and middle coats were found to be completely divided in the whole circumference of the vessel, and small portions of lymph adhered to its internal surface. The popliteal aneurism was far advanced towards a cure; the contents of the sac were quite solid, and the tumor was reduced to about the size of a walnut: the artery, for six inches above the sac, was filled with a firm coagulum.

**Medical Literature.**—Two works are on the tapis in England, which are likely to interest the medical profession. Both are somewhat on the plan of the "Libraries" and "Cyclopædias," at present so much in fashion. The chief difference between the proposed works seems to be in their respective extent,—one being intended to embrace the whole range of medical science—the other being more limited to subjects of a strictly practical nature. We understand that the assistance of men of eminence has been secured by both parties, and such works, if well executed, are certainly calculated to supply a blank which exists in medical literature.

**Treatment of Burns.**—Dr. Dorf-muller recommends the following as local applications in burns—the general treatment being similar to that usually adopted;—Of saturnine extract and olive oil, equal parts; rose water, as much as may be required to form a liniment by trituration with the above. If any part of the ul-

cerated surface suppurates too copiously, it is to be dressed with the following ointment :—Oxide of zinc, lapis calaminaris, powder of lycopodium, of each one drachm; myrrh and acetate of lead, of each 36 grs.; purified lard, washed with rose water, an ounce and a half.

*Heidel. Klin. Ann.*

*Phosphate of Quinine.*—Dr. Harless, of Bonn, has found the phosphate of quinine (slightly acid) a much pleasanter remedy than the sulphate of quinine, or the free alkali. The phosphate, he says, agrees better with irritable stomachs, with nervous persons, or with those who are subject to irritations or inflammations; its employment does not produce the uneasiness which sometimes follows the administration of the sulphate. It does not so readily accelerate the actions of the heart, or irritate the bronchia or lungs. On account of its insolubility, it must be given in powder or pills; the dose is from one to four grains.

*Bul. des Sc. Med.*

*Discharge from the Ears of an Infant.*—Dr. Amelang states, that he has found the following solution, injected into the ear every morning, in cases of purulent or fetid discharge from the internal surface, speedily to succeed in effecting a cure :—Take of Oxy muriate of Mercury, 2 grains; Rose-water, 6 ounces.—The bowels should be kept in a laxative state, by means of magnesia, during the use of this remedy. If the disease has been of long standing, or should prove obstinate, a small blister should be applied to the nape of the neck.—*Lond. Gaz. of Health.*

*Tinea Capitis.*—Dr. M. Fudgen has published a case of scald head

of long standing, which he cured by the application of a solution of acetate of lead, as directed, some months since, by Professor Macartney—viz., covering the diseased scalp with lint well moistened with the following solution :—Take of Acetate of Lead, six grains; Distilled Water, two ounces : mix. The application is to be renewed three times a day, and if the same lint be employed, it is to be well washed in boiling water each time, in order to free it from the secretion of the scalp, and then to be dipped in the lotion. An oiled silk cap, well fitted to the scalp, is to be worn during the use of this application. Attention should be paid to the stomach and bowels.—*Id.*

*Headach.*—M. Ricord recommends, as a cure for this affection, a quarter of a grain of morphine in cold sugar and water. M. Mérat has treated four cases with success by this remedy.—*Arch. Gén.*

*Vaccination.*—The editors of the *Journal Universel* inform us, that Dr. Barres, of Bourdeaux, vaccinated a child, three years of age, from which no effect resulted until two months had elapsed, when two genuine vaccine pustules were developed, from which several children were successfully vaccinated.

*American Lancet.*—The Editor of the *American Lancet*, published at New York, is, we understand, prosecuted for a libel on some physicians connected with the New York Medical College. The trial will take place before the Court of Sessions some time this week.

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Whole number of deaths in Boston the week ending December 30th, 18. Males, 6,—Females, 12.

Of lung fever, 1—teething, 1—consumption, 5—liver complaint, 1—inflammation on the brain, 2—unknown, 2—old age, 2—intemperance, 1—scrofula, 1—typhous fever, 1—dropsy on the brain, 1.



## ADVERTISEMENTS.

WILLIAMS ON DISEASES  
OF THE LUNGS.

**T**HIS day received, by CARTER & HENDEE, "A Rational Exposition of the Physical Signs of the Diseases of the Lungs and Pleura, illustrating their Pathology and facilitating their Diagnosis." By CHARLES J. B. WILLIAMS.  
Dec. 6.

## BECLARD'S GENERAL ANATOMY.

**C**ARTER, HENDEE & BABCOCK have this day received—Elements of General Anatomy, or a Description of every kind of Organ composing the Human Body. By P. A. BECLARD, Professor of Anatomy of the Faculty of Medicine of Paris. Preceded by a critical and biographical Memoir of the Life and Writings of the Author. By OLIVIER, M.D. Translated from the French, with Notes. By JOSEPH TIGNO, M.D., Member of the Philadelphia Medical Society. Dec. 28.

## MEDICAL SCHOOL OF MAINE.

**T**HE MEDICAL LECTURES AT BOWDOIN COLLEGE will commence on Monday, the twenty-first day of February, 1831.

Theory and Practice of Physic, by JOHN DELAMATER, M.D.

Anatomy and Surgery, by REUBEN D. MUSSEY, M.D., Professor at Dartmouth College.

Obstetrics, by JAMES MCKEEN, M.D.  
Chemistry and Materia Medica, by PARKER CLEVELAND, M.D.

The ANATOMICAL CABINET is extensive, and constantly increasing.

The LIBRARY, already one of the most valuable Medical Libraries in the United States, is every year enriched by New Works, both foreign and domestic.

Every person, becoming a member of this Institution, is required to present satisfactory evidence that he possesses a good moral character.

The amount of fees for admission to all the Lectures is \$50. Graduating fees, including diploma, \$10. There is no Matriculating nor Library fee. The Lectures continue three months.

Degrees are conferred at the close of the Lecture term in May, and at the following Commencement of the College in September.

Boarding may be obtained in the Commons' Hall at a very reasonable price.

P. CLEVELAND, Secretary.  
Brunswick, Oct. 16, 1830. 4wesp

## GERMAN LEECHES.

**R**ICHARD A. NEWELL, Druggist, Summer Street, respectfully informs the Physicians and Public generally, that he has just received a fresh supply of the above-named *Leeches*, which will be sold at a fair price.

N. B.—Leeches sent to any part of the city, and applied, without extra charge, by day or by night. 6w—Nov. 8.

SURGICAL INSTRUMENTS  
AND CHEMICALS.

**S**TUDENTS in want of the above articles, would do well to call, before purchasing, at BREWER & BROTHERS', Nos. 90 and 92 Washington Street—Boston.

Oct. 15.

ep3m

ABERCROMBIE ON DISEASES  
OF THE STOMACH.

**J**UST received by CARTER & HENDEE—Pathological and Practical Researches on Diseases of the Stomach, the Intestinal Canal, the Liver, and other Viscera of the Abdomen. By JOHN ABERCROMBIE, M.D., Fellow of the Royal College of Physicians of Edinburgh, &c., and first Physician to his Majesty in Scotland. Sept. 28.

## SURGEON DENTIST'S MANUAL.

**J**UST received, by CARTER & HENDEE, The Surgeon Dentist's Anatomical and Physiological Manual. By G. WAITE, Member of the Royal College of Surgeons. Nov. 2.

Published weekly, by JOHN GORTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.